



ONSITE / NEAR SITE CLINIC OVERVIEW

JANUARY 11, 2021

ONSITE CLINIC TYPES AND SERVICE STRUCTURE

Level of Primary Care	Description	Staffing Model and Function
Level 0	Special Function Clinic	Variable staff: Hormone therapy, weight loss, pain, workers' comp clinic
Level .5	Triage Nurse Clinic	RN service model: Triage and Health system direction and basic first aid
Level 1	Acute Care Clinic (Urgent Care)	NP based: Reactive care; evidence-based medicine, value if shifted from urgent care/ER to clinic
Level 2	Acute Care with Some Chronic Disease Support	NP based: Reactive care; co-management with PCP in community
Level 3	Usual Primary Care	NP with MD support: Reactive/proactive, similar to Primary Care Physician office
Level 4	Patient Centered Medical Home with Care Coordination and Management	MD Driven: Proactive care; full responsibility for primary care, most effective; higher intensity of resources and cost

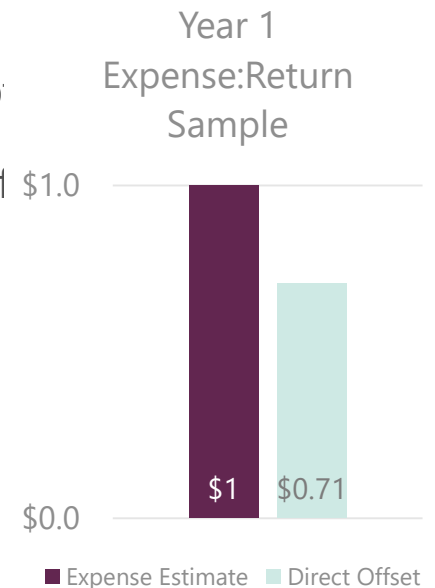
Level of clinic intensity increases both expense and possible return on investment

CLINIC FOOTPRINT; DIRECT RETURN ESTIMATE

1. Based on the 375 procedure codes typically served in an onsite clinic, the City of Lee's Summit has ranged between \$671k and \$717k in claims spend that could be captured in a Level 3 / Level 4 clinic environment

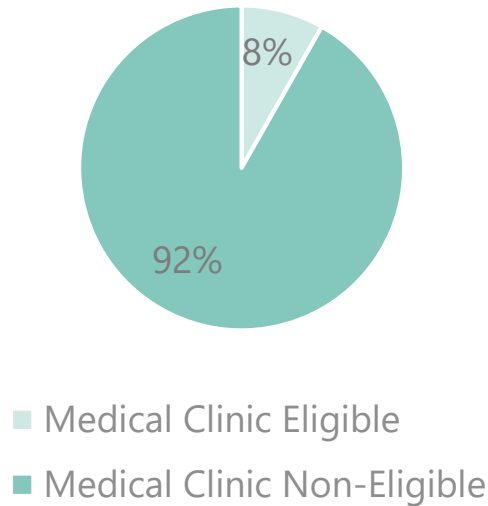
	Paid Claims	% of Total Claims
2017/18	\$671,970	10%
2020 Annualized	\$717,720	8%

2. The ROI of an onsite clinic is determined primarily by the amount of services that can be captured within the clinic. Scope of services and clinic provider response would ultimately determine expense of the clinic
3. For a Level 3 / Level 4 clinic for the City of Lee's Summit, expense range for staff salary/benefits, supplies, IT, insurance and implementation without buildout could be \$400k to \$500k+
4. Assuming 35% penetration of services in year 1, \$251k of the expense could be offset with services funneled through the clinic and not through the medical plan
5. If some ER and specialist visits could be avoided, direct savings could be near \$300k at year 1 penetration
6. Fullness of ROI can come over time with heavily increased use, integrated care management, referral patterns and primary care focus; but engagement with the right clinic partner is crucial if ROI is to be achieved



OVERALL AND TOP CLINIC ELIGIBLE SERVICES

COLS MEDICAL SPENDING



Rank	% of Services	% of Allowed	Description
1	10%	14%	office visit - evaluation
2	10%	18%	office visit - evaluation / history
3	7%	1%	venipuncture
4	4%	4%	metabolic panel
5	3%	1%	lipid panel
6	3%	1%	blood count
7	3%	5%	office visit - new
8	2%	1%	subcutaneous injection
9	2%	2%	blood count w/o wbc
10	2%	1%	thyroid test
Subtotal	48%	47%	

1. 8% of all medical expenses would be eligible to be served in an onsite clinic based on annual medical claims (@ \$717k)
2. Of the procedure codes that could be served in an onsite clinic (the 8%), the top 10 for the City encompass 48% of all volume and 47% of allowed payments
3. Not surprisingly, these services are all primary care office visits and accompanying labs at an average allowed cost of \$63 per service



WHY DO EMPLOYERS CONSIDER ONSITE CLINICS?

- 1. MAXIMIZING PRODUCTIVITY / WORKING TIME:** Convenient access can reduce lost productivity/working time related to appointments; 300 benefit-eligible employees live in Lee's Summit
- 2. EMERGENCY ROOM DIVERSION:** Making first aid and acute services available at the worksite can reduce ER use
- 3. INTEGRATION OF OCCUPATIONAL:** Pre-employment screenings and workers' compensation services
- 4. CARE ACCESS:** Providing low cost resources and treatment can remove barriers to receiving primary care and enhance chronic condition management
- 5. RECRUITMENT AND RETENTION OF EMPLOYEES**
- 6. INTEGRATION WITH WELLNESS:** Can drive or complement programming and initiatives such as diabetic cooking classes, yoga, mindfulness training, and wellness coaching to encourage better overall health and wellbeing of population
- 7. CONCERN OVER QUALITY OF PRIMARY CARE:** Some communities experience members having difficulty getting in to see physicians, limited time during visits, etc.

WHAT ARE SOME CHALLENGES OF OPERATING ONSITE CLINICS?

1. **STRINGENT REGULATIONS / LIABILITY OF OPERATION:** Care model offered (nurse/nurse practitioner/MD) determines what services can be offered as defined by practitioner's training and certifications
2. **MANAGEMENT OF CLINIC VENDOR RELATIONSHIP:** Employer sponsorship can be a negative when issues/complaints/concerns arise related to services or provider staff from employees and dependents; third party vendor at least keeps at arm's length
3. **MAXIMIZING VOLUME:** Clinic services have to be promoted and potentially incentivized to maintain a steady flow of patients to ensure it is achieving value
4. **LOCAL COMPETITION / MIXED MESSAGING:** The vast majority of services received would otherwise have been incurred in an area Primary Care setting as opposed to the Clinic; employer Clinic promotion can seemingly conflict with Primary Care Physician relationship
5. **ONGOING EVALUATION OF INVESTMENT AND RETURN VERSUS GOALS OF OPERATION**